

Docket No.
5079D1-07-LA

Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.
09/250,834	February 16, 1999	Arthur L. Corbin	N/A	1761	2533

OIP Division:
 OCT 28 2005
 PATENT & TRADEMARK OFFICE

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response to the Office Action of December 21, 2004 above-identified application.

☐ One month ☐ Two months ☒ Three months ☐ Four months ☐ Five months

from: March 21, 2005 until: June 21, 2005

Date *Date*

☒ A check in the amount of the fee is enclosed.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. **23-0510**

☒ If an additional extension of time is required, please consider this a petition therefor and charge any additional fees which may be required to Deposit Account No. **23-0510**

☐ Payment by credit card. Form PTO-2038 is attached.

Alan R. Kline
Signature

Allen R. Kipnes, Esq.
Registration No. 28,433

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on
October 23, 2006

October 23, 2006

(Date)

Gill H. Hanson
Signature of Person Mailing Correspondence

Jill S. Garretson

Typed or Printed Name of Person Mailing Correspondence

CC:

Depin. Ref: 01/19/2007 CKHLOK 0007433800
 092510 Name/Number: 09250834
 9204 \$1020.00 CR

10/27/2006 CHNGUYEN 00000106 09250034

02 FC:1253

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UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>1/18/07</u>		2 Serial/Patent # <u>09250834</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
<input checked="" type="checkbox"/>	Extension of Time	—	10/26/06	\$ 1020.00							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$ 1020.00							
		8 TO BE REFUNDED BY:									
10 REASON:		<input checked="" type="checkbox"/>	Treasury Check								
	Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:								
	Duplicate Payment	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td>2</td><td>3</td><td>--</td><td>0</td><td>5</td><td>1</td><td>0</td></tr></table>			2	3	--	0	5	1	0
2	3	--	0	5	1	0					
<input checked="" type="checkbox"/>	No Fee Due (Explanation):										
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Liana Walsh</u>		TITLE: <u>Pets. Examiner</u>									
SIGNATURE: <u>[Signature]</u>		PHONE: <u>232016</u>									
OFFICE: _____											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>[Signature]</u>		DATE: <u>1/19/07</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: